

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Oregon Republican Party

ADDRESS (number and street)

Post Office Box 789

☐Check if different
than previously
reported. (ACC)

Salem

OR

97308

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00153031

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☒

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2007

through

01

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Charles S. Oakes

Signature of Treasurer

Electronically Filed by Charles S. Oakes

Date

02

20

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Oregon Republican Party

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	1	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		14795.48
(b) Cash on Hand at Beginning of Reporting Period	14795.48	
(c) Total Receipts (from Line 19)	40702.39	40702.39
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	55497.87	55497.87
7. Total Disbursements (from Line 31)	26317.54	26317.54
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	29180.33	29180.33
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	85723.66	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name
Oregon Republican Party

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	2450.00	2450.00
(ii) Unitemized	9850.00	9850.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	12300.00	12300.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	50.00	50.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)	12350.00	12350.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	28352.39	28352.39
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	28352.39	28352.39
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	40702.39	40702.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	12350.00	12350.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	12853.53	12853.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	12853.53	12853.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	13464.01	13464.01
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	13464.01	13464.01
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	26317.54	26317.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	26317.54	26317.54

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	12350.00	12350.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12350.00	12350.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	12853.53	12853.53
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	12853.53	12853.53

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 25

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oregon Republican Party

A.

Full Name (Last, First, Middle Initial)

Bob Avery

Mailing Address PO Box 580

City

State

Zip Code

Junction City

OR

97448-0580

FEC ID number of contributing
federal political committee.

C

Name of Employer
Excel

Occupation
phone systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 7

Transaction ID: 70130.C89408

Amount of Each Receipt this Period

250.00

Receipt

B.

Full Name (Last, First, Middle Initial)

William Bishop

Mailing Address 6825 S.W. Raleighwood Ln.

City

State

Zip Code

Portland

OR

97225-1924

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 7

Transaction ID: 70212.C89571

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Knute Buehler

Mailing Address 1122 NW Foxwood Pl

City

State

Zip Code

Bend

OR

97701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopedic Center of the
Casca

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 7

Transaction ID: 70212.C89597

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oregon Republican Party

A. Full Name (Last, First, Middle Initial)
Charles Carlson
Mailing Address 1311 Victorian Way

City State Zip Code
Eugene OR 97401-7020

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 7

Transaction ID: 70212.C89622

Amount of Each Receipt this Period

200.00

Receipt

B. Full Name (Last, First, Middle Initial)
Leroy Cheney
Mailing Address 1915 Westlake Lp

City State Zip Code
Newberg OR 97132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 7

Transaction ID: 70212.C89584

Amount of Each Receipt this Period

500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Donna* Woolley
Mailing Address PO Box 43

City State Zip Code
Drain OR 97435-0043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eagles View Management

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 7

Transaction ID: 70212.C89585

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

2450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 25

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oregon Republican Party

A. Full Name (Last, First, Middle Initial)

Cheri Adkins

Mailing Address PO Box 1704

City State Zip Code
Grants Pass OR 97528

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 7 / 2 0 0 7

Transaction ID: 70130.C89419

Amount of Each Receipt this Period

25.00

Receipt

B. Full Name (Last, First, Middle Initial)

John E. Swanson

Mailing Address PO Box 1776

City State Zip Code
Jacksonville OR 97530-1776

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 7 / 2 0 0 7

Transaction ID: 70130.C89458

Amount of Each Receipt this Period

25.00

Receipt

SUBTOTAL of Receipts This Page (optional)

50.00

TOTAL This Period (last page this line number only)

50.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Oregon Republican Party

Full Name (Last, First, Middle Initial)

A. Certified Property

Mailing Address PO Box 269

City
Salem

State
OR

Zip Code
97308-0269

Purpose of Disbursement
JANUARY 07 RENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70219.E12395

Date of Disbursement

/ /

Amount of Each Disbursement this Period

6122.58

JANUARY 07 RENT

B. Direct Mail Systems, Inc

Mailing Address 12450 Automobile Boulevard

City
Clearwater

State
FL

Zip Code
34622-

Purpose of Disbursement
PARTY BUILDING DIRECT MAIL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70219.E12418

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1525.00

PARTY BUILDING DIRECT MAIL

C. Direct Mail Systems, Inc

Mailing Address 12450 Automobile Boulevard

City
Clearwater

State
FL

Zip Code
34622-

Purpose of Disbursement
PARTY BUILDING DIRECT MAIL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70219.E12419

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1575.00

PARTY BUILDING DIRECT MAIL

SUBTOTAL of Disbursements This Page (optional)

9222.58

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Oregon Republican Party

Full Name (Last, First, Middle Initial)

A. Eschelon Teleco (Advanced Telecom)

Mailing Address PO Box 34988

City
Seattle

State
WA

Zip Code
98124-1988

Purpose of Disbursement
PHONE BILL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70219.E12420

Date of Disbursement

01 / 26 / 2007

Amount of Each Disbursement this Period

1313.73

PHONE BILL

Full Name (Last, First, Middle Initial)

B. Key Bank**

Mailing Address 1500 Edgewater St NW

City
Salem

State
OR

Zip Code
97304-

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70219.E12405

Date of Disbursement

01 / 03 / 2007

Amount of Each Disbursement this Period

21.50

MERCHANT FEES

Full Name (Last, First, Middle Initial)

C. Key Bank**

Mailing Address 1500 Edgewater St NW

City
Salem

State
OR

Zip Code
97304-

Purpose of Disbursement
AUTHNET FEES- JAN 07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70219.E12410

Date of Disbursement

01 / 03 / 2007

Amount of Each Disbursement this Period

10.00

AUTHNET FEES- JAN 07

SUBTOTAL of Disbursements This Page (optional)

1345.23

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Oregon Republican Party

Full Name (Last, First, Middle Initial)

A. Key Bank**

Mailing Address 1500 Edgewater St NW

City Salem State OR Zip Code 97304-

Purpose of Disbursement
CTS FEES 4.85+2.84+2.59+10.00

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70219.E12411

Date of Disbursement

01 / 03 / 2007

Amount of Each Disbursement this Period

20.28

CTS FEES 4.85+2.84+2.59+1-0.00

B. LifeWise

Mailing Address 815 SW Bond St

City Bend State OR Zip Code 97702-

Purpose of Disbursement
HEALTH INSURANCE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70219.E12403

Date of Disbursement

01 / 05 / 2007

Amount of Each Disbursement this Period

354.85

HEALTH INSURANCE

C. Pitney Bowes Purchase Power

Mailing Address PO Box 856042

City Louisville State KY Zip Code 40285-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70219.E12417

Date of Disbursement

01 / 24 / 2007

Amount of Each Disbursement this Period

268.00

POSTAGE

SUBTOTAL of Disbursements This Page (optional)

643.13

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Oregon Republican Party

Full Name (Last, First, Middle Initial)

A. Postmaster

Mailing Address 410 Mill St SE

City
Salem

State
OR

Zip Code
97301-

Purpose of Disbursement
PRESORTED RATE PERMIT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70219.E12412

Date of Disbursement

/ /

Amount of Each Disbursement this Period

160.00

PRESORTED RATE PERMIT

Full Name (Last, First, Middle Initial)

B. Postmaster

Mailing Address 410 Mill St SE

City
Salem

State
OR

Zip Code
97301-

Purpose of Disbursement
BRE ACCOUNT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70219.E12413

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

BRE ACCOUNT

Full Name (Last, First, Middle Initial)

C. Postmaster

Mailing Address 410 Mill St SE

City
Salem

State
OR

Zip Code
97301-

Purpose of Disbursement
BRE PERMIT AND ACCOUNT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70219.E12414

Date of Disbursement

/ /

Amount of Each Disbursement this Period

660.00

BRE PERMIT AND ACCOUNT

SUBTOTAL of Disbursements This Page (optional)

1320.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Oregon Republican Party

A. Postmaster

Full Name (Last, First, Middle Initial)

Mailing Address 410 Mill St SE

City
Salem

State
OR

Zip Code
97301-

Purpose of Disbursement
P.O. BOX RENTAL FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70219.E12415

Date of Disbursement

/ /

Amount of Each Disbursement this Period

132.00

P.O. BOX RENTAL FEE

SUBTOTAL of Disbursements This Page (optional)

132.00

TOTAL This Period (last page this line number only)

12662.94

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Oregon Republican Party

Full Name (Last, First, Middle Initial)

A. Internal Revenue Internal Revenue

Mailing Address Service center

City State Zip Code
Ogden UT 84403-

Purpose of Disbursement
4Q 941 PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70219.E12421

Date of Disbursement

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 0 7

Amount of Each Disbursement this Period

1278.24

4Q 941 PAYROLL TAXES

Full Name (Last, First, Middle Initial)

B. Internal Revenue Internal Revenue

Mailing Address Service center

City State Zip Code
Ogden UT 84403-

Purpose of Disbursement
4Q 940 PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70219.E12422

Date of Disbursement

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 0 7

Amount of Each Disbursement this Period

472.30

4Q 940 PAYROLL TAXES

Full Name (Last, First, Middle Initial)

C. Key Bank**

Mailing Address 1500 Edgewater St NW

City State Zip Code
Salem OR 97304-

Purpose of Disbursement
FEA PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70219.E12404

Date of Disbursement

M M / D D / Y Y Y Y
0 1 / 0 1 / 2 0 0 7

Amount of Each Disbursement this Period

1186.06

FEA PAYROLL TAXES

SUBTOTAL of Disbursements This Page (optional)

2936.60

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Oregon Republican Party

Full Name (Last, First, Middle Initial)

A. Key Bank**

Mailing Address 1500 Edgewater St NW

City State Zip Code
Salem OR 97304-

Purpose of Disbursement
FEA PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70219.E12406

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1183.90

FEA PAYROLL TAXES

Full Name (Last, First, Middle Initial)

B. Amy Langdon

Mailing Address 2830 Foxhaven Dr S

City State Zip Code
Salem OR 97306-

Purpose of Disbursement
FEA PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70219.E12396

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2293.42

FEA PAYROLL

Full Name (Last, First, Middle Initial)

C. Amy Langdon

Mailing Address 2830 Foxhaven Dr S

City State Zip Code
Salem OR 97306-

Purpose of Disbursement
FEA PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70219.E12397

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2309.21

FEA PAYROLL

SUBTOTAL of Disbursements This Page (optional)

5786.53

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 / 25

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Oregon Republican Party

Full Name (Last, First, Middle Initial)

A. Oregon Department of Revenue

Mailing Address PO Box 14800

City
Salem

State
OR

Zip Code
97309-

Purpose of Disbursement
FEA PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70219.E12407

Date of Disbursement

/ /

Amount of Each Disbursement this Period

291.00

FEA PAYROLL TAXES

Full Name (Last, First, Middle Initial)

B. Oregon Department of Revenue

Mailing Address PO Box 14800

City
Salem

State
OR

Zip Code
97309-

Purpose of Disbursement
FEA PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70219.E12408

Date of Disbursement

/ /

Amount of Each Disbursement this Period

571.98

FEA PAYROLL TAXES

Full Name (Last, First, Middle Initial)

C. Oregon Department of Revenue

Mailing Address PO Box 14800

City
Salem

State
OR

Zip Code
97309-

Purpose of Disbursement
FEA UNEMPLOYMENT AND 4Q TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70219.E12409

Date of Disbursement

/ /

Amount of Each Disbursement this Period

557.41

FEA UNEMPLOYMENT AND 4Q
TAXES

SUBTOTAL of Disbursements This Page (optional)

1420.39

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Oregon Republican Party

Full Name (Last, First, Middle Initial)

A. Belinda Smith

Mailing Address 687 SW Concord Way

City Beaverton State OR Zip Code 97006-

Purpose of Disbursement
FEA PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70219.E12398

Date of Disbursement

/ /

Amount of Each Disbursement this Period

585.92

FEA PAYROLL

Full Name (Last, First, Middle Initial)

B. Belinda Smith

Mailing Address 687 SW Concord Way

City Beaverton State OR Zip Code 97006-

Purpose of Disbursement
FEA PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70219.E12399

Date of Disbursement

/ /

Amount of Each Disbursement this Period

627.29

FEA PAYROLL

Full Name (Last, First, Middle Initial)

C. Cindy Wolfe

Mailing Address 595 Rockwood St SE

City Salem State OR Zip Code 97306-1756

Purpose of Disbursement
FEA PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70219.E12400

Date of Disbursement

/ /

Amount of Each Disbursement this Period

947.50

FEA PAYROLL

SUBTOTAL of Disbursements This Page (optional)

2160.71

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Oregon Republican Party

Full Name (Last, First, Middle Initial)

A. Cindy Wolfe

Mailing Address 595 Rockwood St SE

City Salem State OR Zip Code 97306-1756

Purpose of Disbursement
FEA PAYROLL ADVANCE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70219.E12401

Date of Disbursement

/ /

Amount of Each Disbursement this Period

400.00

FEA PAYROLL ADVANCE

Full Name (Last, First, Middle Initial)

B. Cindy Wolfe

Mailing Address 595 Rockwood St SE

City Salem State OR Zip Code 97306-1756

Purpose of Disbursement
FEA PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70219.E12402

Date of Disbursement

/ /

Amount of Each Disbursement this Period

759.78

FEA PAYROLL

SUBTOTAL of Disbursements This Page (optional)

1159.78

TOTAL This Period (last page this line number only)

13464.01

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 19 / 25

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
Oregon Republican Party**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
FL&SNature of Debt (Purpose):
telemarketing

Mailing Address 7320 N Dreamy Draw Dr

City State ZIP Code
Phoenix AZ 85020-5212

Outstanding Balance Beginning This Period

16259.10

Transaction ID: LSE11265

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

16259.10

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Direct Mail Systems, IncNature of Debt (Purpose):
Direct mail

Mailing Address 12450 Automobile Boulevard

City State ZIP Code
Clearwater FL 34622-

Outstanding Balance Beginning This Period

564.49

Transaction ID: LSE7774

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

564.49

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Lightwave Electric LightwaveNature of Debt (Purpose):
Phone Bill

Mailing Address PO Box 20553

City State ZIP Code
Rochester NY 14602-

Outstanding Balance Beginning This Period

348.88

Transaction ID: LSE11694

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

348.88

1) SUBTOTALS This Period This Page (optional).....

17172.47

2) TOTALS This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 20 / 25

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
Oregon Republican Party**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Pitney Bowes Purchase PowerNature of Debt (Purpose):
Postage

Mailing Address PO Box 856042

City State ZIP Code
Louisville KY 40285-

Outstanding Balance Beginning This Period

896.99

Transaction ID: LSE10304

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

896.99

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Eagle TeleconferencingNature of Debt (Purpose):
phone bill

Mailing Address 207 West Washington Street

City State ZIP Code
Rushville IL 62681-

Outstanding Balance Beginning This Period

473.30

Transaction ID: LSE11559

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

473.30

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
AT&T WirelessNature of Debt (Purpose):
Cell phone bills

Mailing Address PO Box 79075

City State ZIP Code
Phoenix AZ 85062-

Outstanding Balance Beginning This Period

67180.90

Transaction ID: LSE11336

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

67180.90

1) SUBTOTALS This Period This Page (optional).....

68551.19

2) TOTALS This Period (last page this line number only).....

85723.66

3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

METHOD OF ALLOCATION FOR:

- **SHARED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **SHARED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)**(Seperate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

Oregon Republican Party

USE ONLY ONE SECTION, A or B**A. State and Local Party Committees****Fixed Percentage (select one)**

- _____ Presidential-Only Election Year (28% Federal)
- X Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees**Flat Minimum Federal Percentage**If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☐**or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %Nonfederal..... %

This ratio applies to (check all that apply):

Administrative ☐ Generic Voter Drive ☐ Public Communications Referencing Party Only ☐

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 22 / 25
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Oregon Republican Party

NAME OF ACCOUNT

Oregon Oregon Key
Bank Non federal
ac

DATE OF RECEIPT

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	0	7

TOTAL AMOUNT TRANSFERRED

15000.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

15000.00

Transaction ID: H370130.C89511

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 23 / 25
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Oregon Republican Party

NAME OF ACCOUNT

Oregon Oregon Key
Bank Non federal
ac

DATE OF RECEIPT

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	0	7

TOTAL AMOUNT TRANSFERRED

4189.09

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

4189.09

Transaction ID: H370219.C89677

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 24 / 25
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Oregon Republican Party

NAME OF ACCOUNT

Oregon Oregon Key
Bank Non federal
ac

DATE OF RECEIPT

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	7

TOTAL AMOUNT TRANSFERRED

3154.14

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

3154.14

Transaction ID: H370219.C89680

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 25 / 25
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Oregon Republican Party

NAME OF ACCOUNT

Oregon Oregon Key
Bank Non federal
ac

DATE OF RECEIPT

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	0	7

TOTAL AMOUNT TRANSFERRED

6009.16

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

6009.16

Transaction ID: H370219.C89684

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

28352.39

TOTAL This Period (Generic Voter Drive)

0.00

TOTAL This Period (Exempt Activities)

0.00

TOTAL This Period (Direct Fundraising)

0.00

TOTAL This Period (Direct Candidate Support)

0.00

TOTAL This Period (Public Communications Referring Only to Party)

0.00

TOTAL This Period (Total Amount Transferred)

28352.39